

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

REC'D  
JUL 22 2005

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number <b>U-3726</b>	2. Fiscal Year Covered From: <b>1/1/04</b> Through: <b>12/31/04</b>
3. Name and address of person filing. Name <b>Jon Larson</b> P.O. Box, Bldg., Room No., if any Street <b>1607 Courtney Avenue</b> City <b>Los Angeles</b> State <b>CA</b> ZIP Code + 4 <b>90046</b>	4. Name, file number, and address of labor organization. Name <b>Directors Guild of America</b> Labor Organization File Number <b>000-018 000018</b> P.O. Box, Building and Room Number, if any Street <b>7920 Sunset Blvd.</b> City <b>Los Angeles</b> State <b>CA</b> ZIP Code + 4 <b>90046</b>
5. Position in labor organization. <b>Assistant Executive Director</b>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name <b>Believe Media, Inc.</b> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <b>1040 N. Las Palmas</b> City <b>Los Angeles</b> State <b>CA</b> ZIP Code + 4 <b>90038</b>	7.a. Nature of Interest, Transaction, or Income. <b>Christmas Gift Basket.</b> 7.b. Amount. <b>approx. value \$40</b>

### Signature

**15. Signature and verification.** The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*[Signature]*

On

**6/24/05**  
Date

**310.289.5325**  
Telephone Number

Name of Person Filing <u>Jon Larson</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).  Name <u>Directors Guild - Producer Training Plan</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>14724 Vanover Blvd. #775</u> City <u>Sherman Oaks</u> State <u>CA</u> ZIP Code + 4 <u>91401</u>	9. Business deals with:  <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9.b. or 9.c. is checked give trust or employer's name.  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	11.a. Nature of such dealing. <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <u>The DGA produces training plan as the result of the collective bargaining agreement between DGA and various motion picture studios represented by AMPTA.</u> </div> 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <u>Trainee Graduation Dinner</u> </div> 12.b. Amount. <u>\$ 50.00</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; margin: 5px;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. <div style="border: 1px solid black; height: 20px; width: 100%;"></div>